

Name
in
Full

CERTIFICATE OF DEATH

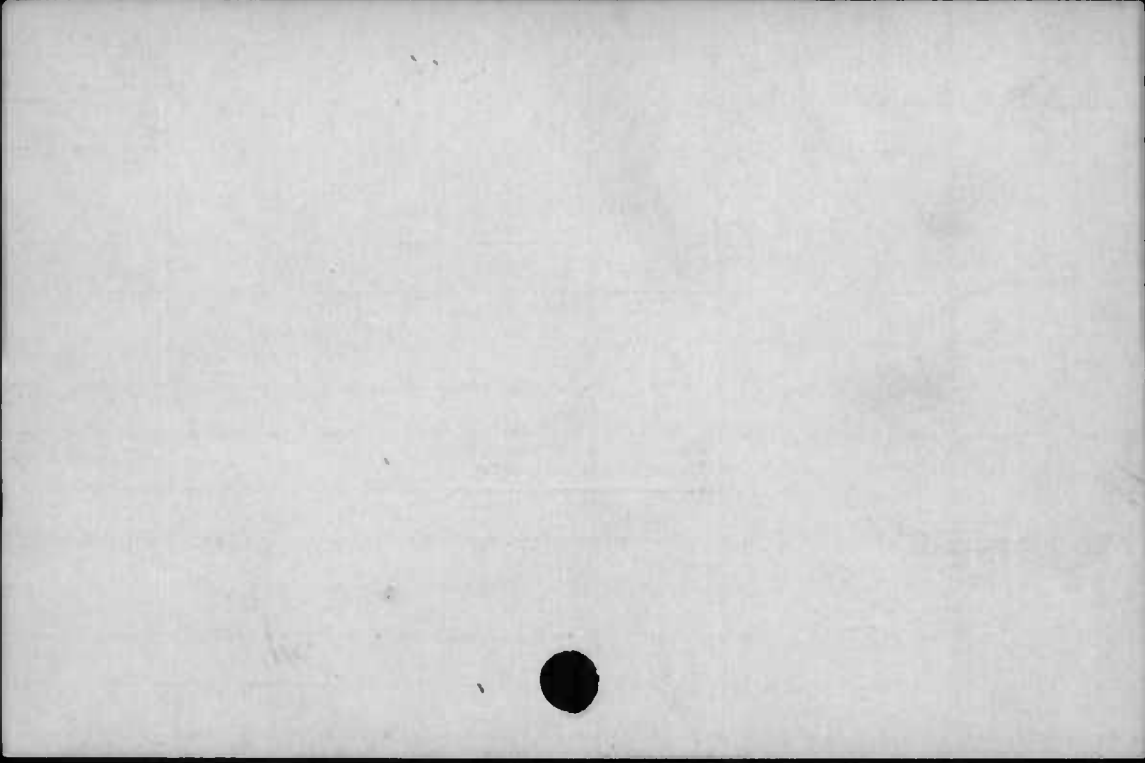
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Delilah J. Bailey</i>		Town <i>Near Athol</i>		County <i>Wilkes</i>		MARYLAND	
Died at		Month <i>5</i>		Day <i>10</i>		Age <i>17</i>	
Date of death <i>1906</i>		Years		Months <i>1</i>		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Med</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Albert, Bailey</i>					
Father's Name <i>Samuel Sewell</i>		Father's Birthplace <i>Med</i>					
Mother's Maiden Name <i>Mariah Jackson</i>		Mother's Birthplace <i>Med</i>					
Name of person giving information <i>Quinn's Coroner</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child Birth</i>	How long <i>12 hours</i>
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. L. Sealman</i>
	Address <i>Wade's Springs Md</i>
Accident or Suicide?	



Name
in
Full

Nicholas Banks

3/22/XIX

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Allen</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1906</u>	Month <u>Mar</u>	Day <u>6</u>	Age <u>41</u>	Years <u>41</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>MD</u>		
Occupation <u>hammer</u>	Where Residing if not at place of death				
Married, <u>Y</u> or Widowed	Name of Wife or <u>H</u>		<u>Alice Banks</u>		
Father's Name <u>Do not know</u>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>Jerome Dennis</u>	How related to deceased <u>no relation</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Supposed Consumption</u>	How long	<u>2 years</u>
Immediate	<u>Had no Doctor</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Think so</u>	Signature of Physician	<u>L. E. Hallaway & Co</u>
		Address	<u>Salisbury MD</u>
Accident or Suicide?	<u>no</u>		<u>Undertaken</u>



Name
in
Full

Thomas W. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hebron		County Wicomico		MARYLAND	
Date of death		1906	Month March	Day 31	Age 53	Years	Months Days
Sex Male		Color or Race White		Birth- place Mardela Springs			
Occupation Farmer		Where Residing if not at place of death Hebron Md					
Married, Single or Widowed		Name of Wife or Husband Mary Ellen Bennett					
Father's Name C. L. Bennett		Father's Birthplace Anneton					
Mother's Maiden Name Sally C. Glendon Taylor		Mother's Birthplace Anneton					
Name of person giving Information L. B. Bennett		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia (93)	How long	—
Immediate	Pneumonia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. C. Conaway M.D.
		Address	Hebron Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Alonzo Ray Boston Town *Salisbury* County *Wicomico*
 Died at *Salisbury*
 Date of death *1906* Month *July* Day *8* Age *6* Years *6* Months *7* Days *18*

Sex *male* Color or Race *White* Birth-place *Salisbury Md*
 Occupation *School boy* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Charles B Boston*

Father's Birthplace *Md*

Mother's Maiden Name *Phoebe G Davis*

Mother's Birthplace *N.C.*

Name of person giving information *Charles B Boston*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Injuries received from being run over by train.* How long
 Immediate *Shock* How long *18 hours.*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Samuel W. Woods M.D.

Address

(Salisbury Md)

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Clarence Byrd

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1906	Month	Nov	Day	1
Age	23	Years		Months	
Sex	male	Color or Race	White	Birth-place	MD
Occupation	Telegraph operator		Where Residing If not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
		Mary Byrd			
Father's Name	John Byrd			Father's Birthplace	MD
Mother's Maiden Name	Helen Mills			Mother's Birthplace	MD
Name of person giving information	May Byrd			How related to deceased	Wife

(108)

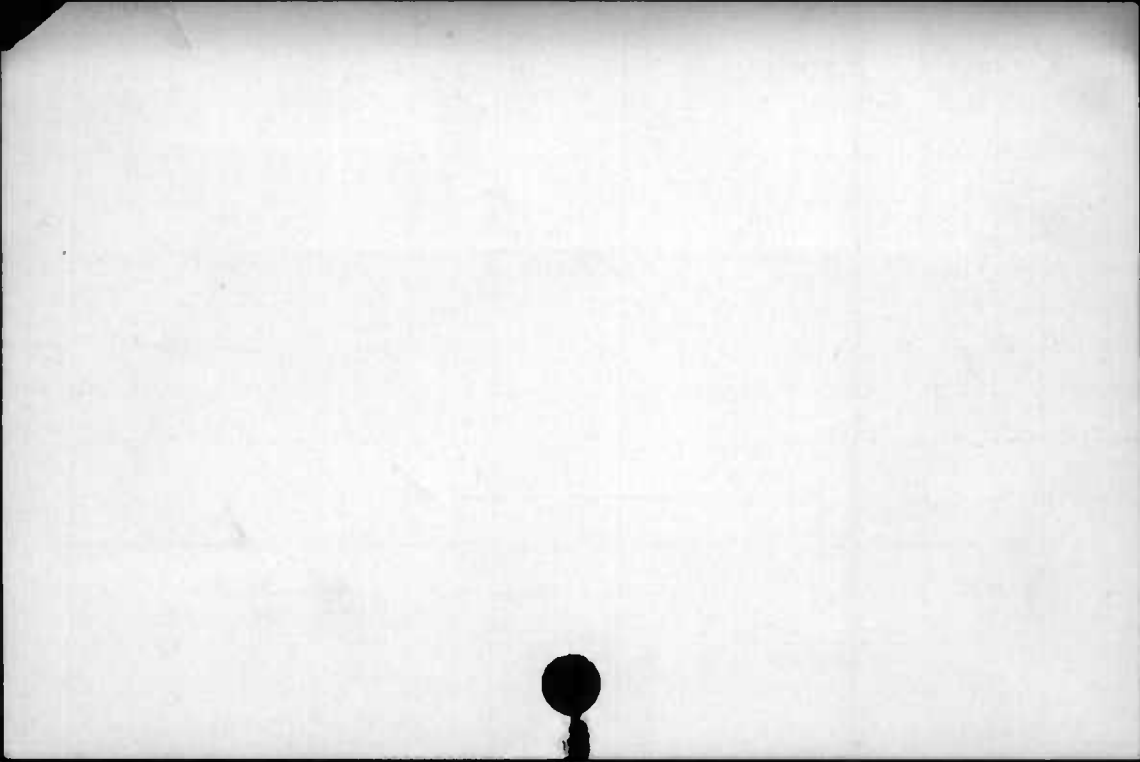
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute suppurative appendicitis of small diameter 4 yrs. ago at Univ. of Md. Hospital, Baltimore, Md		How long	
Immediate	Rupture of bowel due to adhesion		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Address		
		Salisbury, Md		
Accident or Suicide?		No		



and demonstrated by post-mortem



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Covington* Town *Sharptown* County *Wisconsin*

Died at *Sharptown*

Date of death *1906* Month *Mar* Day *16* Age *82* Years Months *3* Days *2*

Sex *Male* Color or Race *White* Birth-place *Delaware*

Occupation *Labourer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Isabela Covington*

Father's Name *John J. Covington* Father's Birthplace *Del.*

Mother's Maiden Name Mother's Birthplace

Name of person giving information *George Covington* How related to deceased *Son.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* How long *1 year*

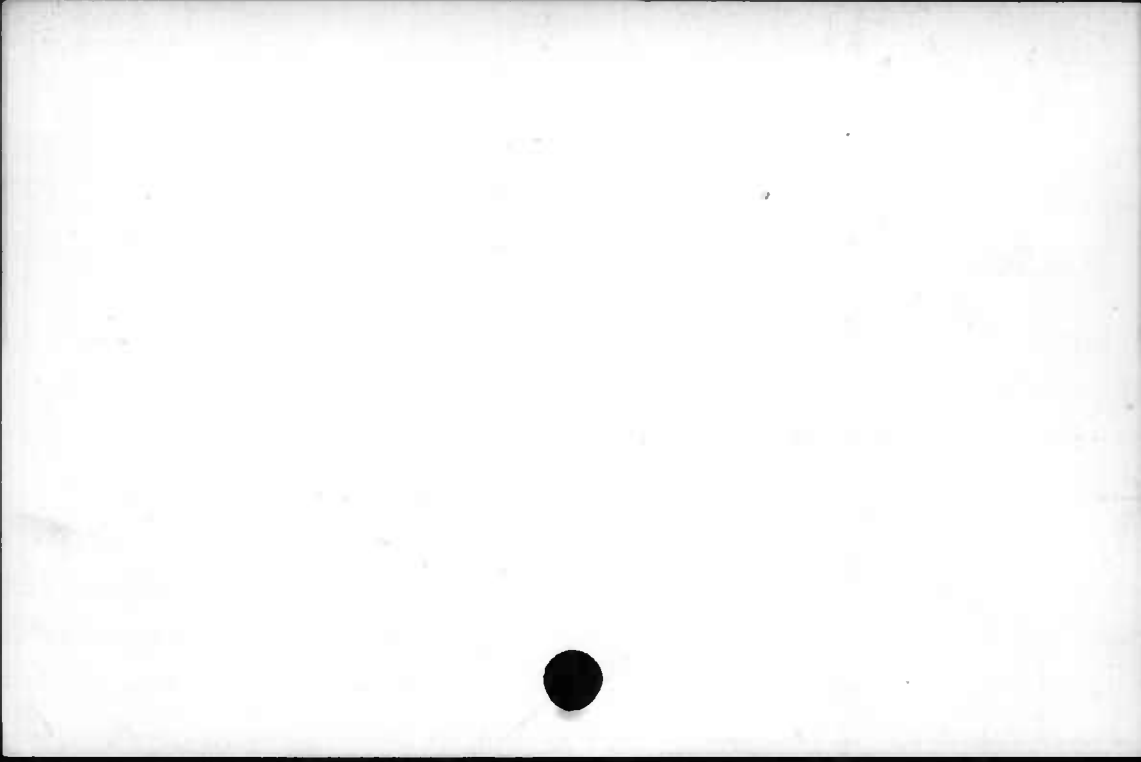
Immediate *Renal Calculus* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Goswami*

Address *Sharptown*

Accident or Suicide?



Name
in
Full

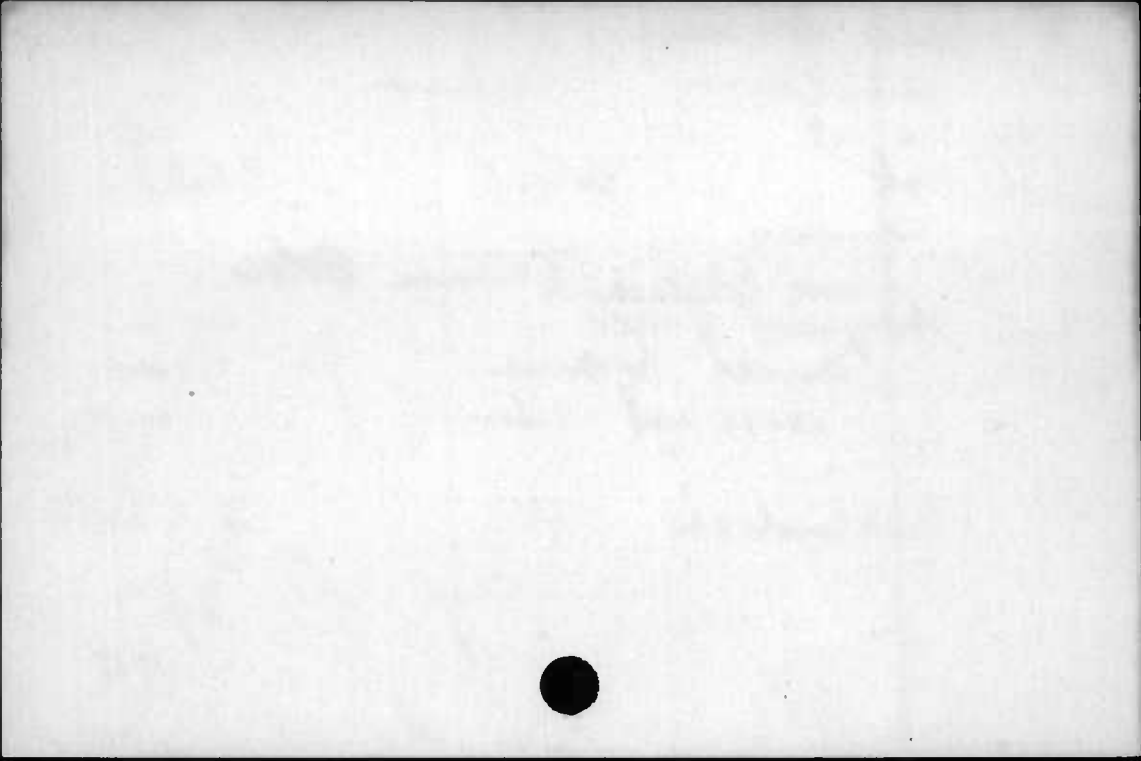
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Nov.	3rd	Age	65		
Sex	Female	Color or Race	White	Birth-place	Snow Hill Md.		
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
Father's Name		Henry White			Father's Birthplace		
Mother's Maiden Name		Not known			Mother's Birthplace		
Name of person giving information		Severn H. Dawson			How related to deceased		
					Son		

CAUSES OF DEATH

Primary	Grippe	How long	1 week
Immediate	Coma	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		F. M. Clemens M.D.	
		Address	
		Salisbury Md.	
Accident or Suicide?			



Name
in
Full

Louis Dorman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Haven</i>		Town <i>White Haven</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>15</i>	Age <i>43</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>White Haven</i>				
Occupation <i>Murder</i>	Where Residing If not at place of death						
Married, <i>Single</i> or <i>Widowed</i>	Name of Wife or Husband <i>Jessie Dorman</i>		Father's Birthplace <i>Somerset</i>				
Father's Name <i>Samuel Jones</i>	Mother's Maiden Name <i>Daniel Dorman</i>		Mother's Birthplace <i>Wicomico</i>				
Name of person giving information <i>Samuel Wilson</i>	How related to deceased <i>none</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 Months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. H. Lankford</i>
	Address <i>W. D.</i>
Accident or Suicide? <i>—</i>	

$$\begin{array}{r}
 8.50 \\
 1.85- \\
 1.85- \\
 \hline
 12.00 \\
 2.00 \\
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 10.00 \\
 3.50 \\
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 6.50
 \end{array}$$

$$\begin{array}{r}
 8.50 \\
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 10.00 \\
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 12.00
 \end{array}$$

$$\begin{array}{r}
 5 \quad 68.00 \\
 8 \\
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 544.00
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68.00

$$\begin{array}{r}
 86.00 \\
 5.50 \\
 \hline
 80.50
 \end{array}$$

$$\begin{array}{r}
 86.00 \\
 6.80 \\
 \hline
 879.20
 \end{array}$$

Name in Full

Certificate of Death

Mitchell Hamblin

Town

County

Died at

Pittsville

McCombe

MARYLAND

Date 1906 March 11 Y. M. D. Age 31 5- Native of McCombe Co. Tenn. Occupation Salesman

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Sallie Hamblin

Wife of Sallie Hamblin

Father's Name John Hamblin Mother's Name Hester A. Purcell

Cause of Primary Phthisis Pulmonalis Six months

Death Immediate Insufficient Oxidation Accident, Suicide, Homicide

Reported by Dr. M. H. Hickey, M.D.

Address Pittsville, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James W. Hilghman

3/22/XX

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Near Whayland

Wicomico

Date

of death 1906

Month

Mch.

Day

5th

Age

Years

84

Months

4

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Wicomico Co., Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Eleanor Hilghman

Father's
Name

George Hilghman

Father's
Birthplace

~~~~~

Mother's  
Maiden Name

Lucy Ann Richardson

Mother's  
Birthplace

Not known

Name of person giving  
In formation

Jesse A. Brumby

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Infirmitis of Old Age

How long

Immediate

Not Known (No Doctor)

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Geo. C. Hill

Address

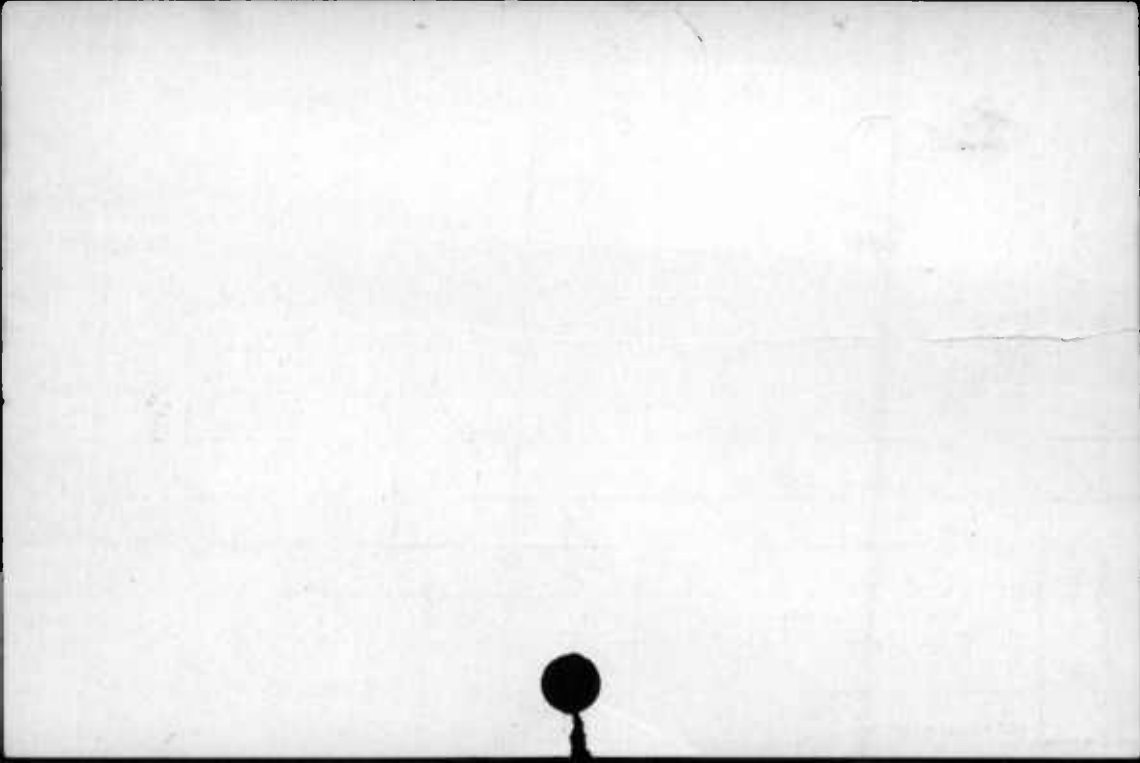
Undertaker

Accident or Suicide?

No

Salisbury Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Octavia Jenkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                          |  |                                         |                            |                                     |                 |               |
|----------------------------------------------------------|--|-----------------------------------------|----------------------------|-------------------------------------|-----------------|---------------|
| Died at <i>near Siloam</i> Town                          |  | <i>Wicomico</i> County                  |                            | MARYLAND                            |                 |               |
| Date of death <i>1906</i>                                |  | Month <i>Feb.</i>                       | Day <i>10<sup>th</sup></i> | Years <i>41</i>                     | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i>                                        |  | Color or Race <i>White</i>              |                            | Birth-place <i>Wicomico Co. Md.</i> |                 |               |
| Occupation <i>Housekeeper</i>                            |  | Where Residing if not at place of death |                            |                                     |                 |               |
| Married, Single or Widowed <i>Single</i>                 |  | Name of Wife or Husband                 |                            |                                     |                 |               |
| Father's Name <i>Alexander Jenkins</i>                   |  | Father's Birthplace <i>" " "</i>        |                            |                                     |                 |               |
| Mother's Maiden Name <i>—</i>                            |  | Mother's Birthplace <i>—</i>            |                            |                                     |                 |               |
| Name of person giving information <i>Louis C. Bounds</i> |  | How related to deceased <i>None</i>     |                            |                                     |                 |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                                          |
|---------------------------------------------------------------------------------|------------------------------------------|
| Primary <i>Don't know</i>                                                       | How long <i>(79)</i>                     |
| Immediate <i>Heart trouble</i>                                                  | How long <i>—</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. I. Long</i> |
|                                                                                 | Address <i>Allen</i>                     |
|                                                                                 | <i>Md.</i>                               |
| <del>Accident or Suicide</del>                                                  |                                          |



Name  
in  
Full

Maitha Jones

3/22/XXI

## CERTIFICATE OF DEATH

Died at *near Salisbury*

Town

*Wicomico*

County

MARYLAND

Date of death *1906 Mar*

Month

*21*

Day

Age

*32*

Years

Months

Days

Sex *Female*Color or  
Race*Black*Birth-  
place*Ind*

Occupation

*Housework*Where Residing if not  
at place of deathMarried, ~~Single~~  
or WidowedName of ~~Wife or~~  
Husband*George Jones*Father's  
Name*Ben Vaschild*Father's  
Birthplace*Ind*Mother's  
Maiden Name*Don't know*Mother's  
Birthplace*Don't know*Name of person giving  
Information*George Jones*How related  
to deceased*Husband*

## CAUSES OF DEATH

Primary

*Dropsy*

How long

*5<sup>2</sup> mos.*

Immediate

*had no water lately*

How long

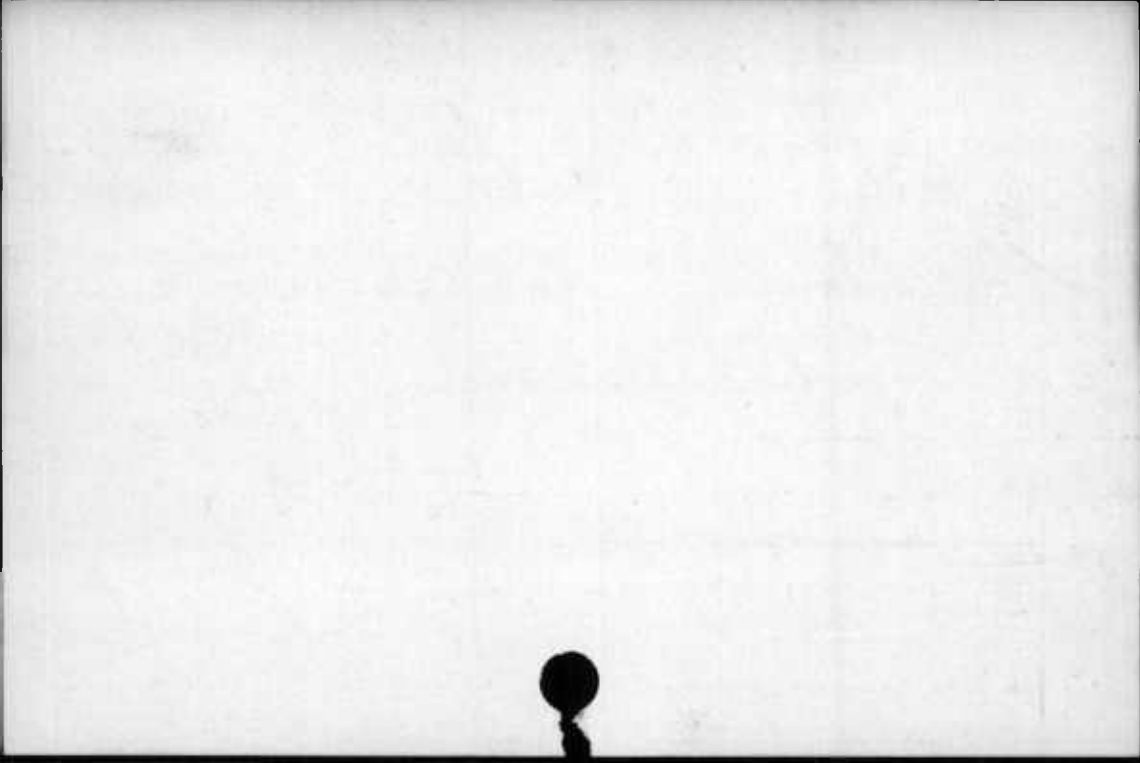
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*D C Hullenway & Co*

Address

*Salisbury Md*

Accident or Suicide?

*no**Undertakers*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                     |                                               |                                      |               |                   |                |
|-----------------------------------------------------|-----------------------------------------------|--------------------------------------|---------------|-------------------|----------------|
| Died at <i>Wango</i> Town <i>Wicomico</i> County    |                                               | MARYLAND                             |               |                   |                |
| Date of death <i>1906</i>                           | Month <i>Mch.</i>                             | Day <i>17</i>                        | Age <i>82</i> | Months <i>one</i> | Days <i>14</i> |
| Sex <i>Male</i>                                     | Color or Race <i>White</i>                    | Birth-place <i>Worcester Co. Md.</i> |               |                   |                |
| Occupation <i>Farmer</i>                            | Where Residing if not at place of death       |                                      |               |                   |                |
| Married, Single or Widowed <i>Widower</i>           | Name of Wife or Husband <i>Sallie M. Laws</i> |                                      |               |                   |                |
| Father's Name <i>William</i>                        | Father's Birthplace <i>Worcester Co. Md.</i>  |                                      |               |                   |                |
| Mother's Maiden Name <i>Gertrude Duncan</i>         | Mother's Birthplace <i>" " "</i>              |                                      |               |                   |                |
| Name of person giving information <i>W. E. Laws</i> | How related to deceased <i>Son</i>            |                                      |               |                   |                |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |                                             |
|----------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Dropsy</i>                                                | How long <i>Eight months</i>                |
| Immediate <i>Heart failure</i>                                       | How long <i>Ten hours</i>                   |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>G. M. Harvey,</i> |
| <i>Yes.</i>                                                          | Address <i>Pittsville,</i>                  |
| Accident or Suicide?                                                 | <i>Md.</i>                                  |



David H. Moore

Died at <sup>Town</sup> Athol <sup>County</sup> Wicomico MARYLAND

Date 1904 <sup>Month</sup> 3 <sup>Day</sup> 29 <sup>Age</sup> 74 <sup>Y.</sup> - <sup>M.</sup> - <sup>D.</sup> - <sup>Native of</sup> Md <sup>Occupation</sup> Farmer

Male <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~ <sup>Number of children living</sup> none

~~Female~~ <sup>Colored</sup> <sup>Single</sup> ~~Widower~~

Husband of None

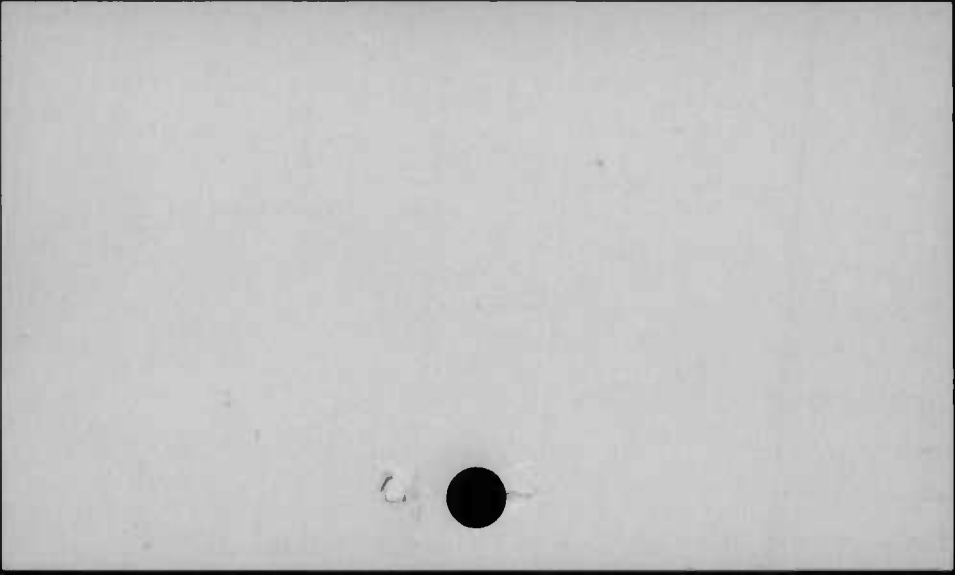
Father's Name <sup>Mother's</sup> don't-know <sup>Maiden Name</sup>

Cause of Death { <sup>Primary</sup> <sup>Immediate</sup> apoplexyia <sup>How long sick</sup> 64 <sup>Accident, Suicide, Homicide</sup>

Reported by Isaac L English coroner

Address <sup>Mandela</sup> <sup>Oppt, Md.</sup>

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

William I. Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                          |  |                                                 |  |                             |  |               |  |       |  |        |  |      |  |
|----------------------------------------------------------|--|-------------------------------------------------|--|-----------------------------|--|---------------|--|-------|--|--------|--|------|--|
| Died at <i>Nea Spring-Grove</i>                          |  | Town <i>Wiconico</i>                            |  | County                      |  | MARYLAND      |  |       |  |        |  |      |  |
| Date of death <i>1906</i>                                |  | Month <i>March</i>                              |  | Day <i>2</i>                |  | Age <i>74</i> |  | Years |  | Months |  | Days |  |
| Sex <i>Male</i>                                          |  | Color or Race <i>White</i>                      |  | Birth-place <i>Maryland</i> |  |               |  |       |  |        |  |      |  |
| Occupation <i>Farmer</i>                                 |  | Where Residing if not at place of death         |  |                             |  |               |  |       |  |        |  |      |  |
| Married, Single or Widowed <i>Married</i>                |  | Name of Wife or Husband <i>Martha, Robinson</i> |  |                             |  |               |  |       |  |        |  |      |  |
| Father's Name <i>Charles, Robinson</i>                   |  | Father's Birthplace <i>Md.</i>                  |  |                             |  |               |  |       |  |        |  |      |  |
| Mother's Maiden Name <i>Don't know</i>                   |  | Mother's Birthplace <i>"</i>                    |  |                             |  |               |  |       |  |        |  |      |  |
| Name of person giving information <i>James, Robinson</i> |  | How related to deceased <i>Nephew</i>           |  |                             |  |               |  |       |  |        |  |      |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |  |                                                     |  |                               |  |
|---------------------------------------------------------------------------------|--|-----------------------------------------------------|--|-------------------------------|--|
| Primary                                                                         |  | How long <i>40</i>                                  |  | How long <i>Sick 13 weeks</i> |  |
| Immediate <i>Cancer of the Stomach</i>                                          |  | How long                                            |  |                               |  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |  | Signature of Physician <i>J. L. English</i> Coroner |  |                               |  |
|                                                                                 |  | Address <i>Mandela spgs. Md.</i>                    |  |                               |  |
| Accident or Suicide?                                                            |  |                                                     |  |                               |  |



Name

in  
Full

Charlotte Shores

3/22/XXII

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                       |                                                                         |                          |                                |                                     |                  |                       |  |
|-------------------------------------------------------|-------------------------------------------------------------------------|--------------------------|--------------------------------|-------------------------------------|------------------|-----------------------|--|
| Died at <i>near Sharps Point</i>                      |                                                                         | Town <i>Sharps Point</i> |                                | County <i>Wicomico</i>              |                  | State <i>MARYLAND</i> |  |
| Date of death <i>1906</i>                             | Month <i>Mar.</i>                                                       | Day <i>14</i>            | Age <i>53</i>                  | Years                               | Months           | Days                  |  |
| Sex <i>Female</i>                                     | Color or Race <i>White</i>                                              |                          | Birth-place <i>Deal Island</i> |                                     | Somerset Co. Md. |                       |  |
| Occupation <i>cook</i>                                | Where Residing if not at place of death <i>At Capt. J. W. H. Whites</i> |                          |                                |                                     |                  |                       |  |
| Married, Single or Widowed <i>Single</i>              | Name of Wife or Husband                                                 |                          |                                |                                     |                  |                       |  |
| Father's Name <i>Not Known</i>                        | Father's Birthplace                                                     |                          |                                |                                     |                  |                       |  |
| Mother's Maiden Name <i>Not Known</i>                 | Mother's Birthplace                                                     |                          |                                |                                     |                  |                       |  |
| Name of person giving information <i>A. W. Phipps</i> | (179)                                                                   |                          |                                | How related to deceased <i>None</i> |                  |                       |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                  |                                            |
|----------------------------------------------------------------------------------|--------------------------------------------|
| Primary <i>Not Known. had no Doctor</i>                                          | How long                                   |
| Immediate                                                                        | How long <i>about One half hour</i>        |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>Geo. E. Hill</i> |
| <i>As far as I know</i>                                                          | Address <i>Undertaker Salisbury Md.</i>    |
| Accident or Suicide?                                                             |                                            |

This Woman, Died very suddenly after eating  
a hearty supper. Probably of indigestion and  
heart failure, I understand she went <sup>to</sup> bed  
about ten o'clock, and seemed to be in great  
pain soon after, And was dead at 11 o'clock

They had no means of getting a Doctor to see  
her before she died. And did not send  
for one to see her after her death.

Geo. C. Hill  
Undertaker



Name  
in  
Full

Martha J. Steward

## CERTIFICATE OF DEATH

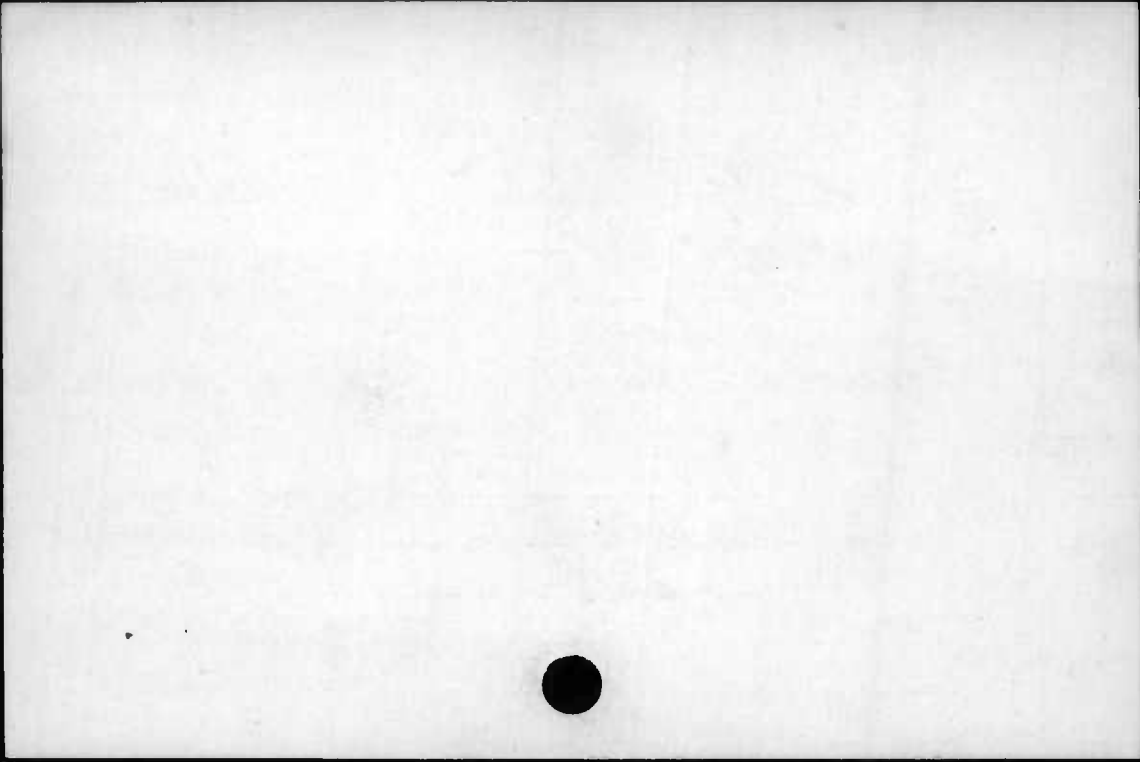
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                          |                                                           |                                       |                                    |                               |                             |
|----------------------------------------------------------|-----------------------------------------------------------|---------------------------------------|------------------------------------|-------------------------------|-----------------------------|
| Died at <u>Salisbury</u> <small>Town</small>             |                                                           | <u>Wicomico</u> <small>County</small> |                                    | MARYLAND                      |                             |
| Date of death <u>1906</u> <small>Month</small>           | <u>Mar</u>                                                | <u>20</u> <small>Day</small>          | Age <u>48</u> <small>Years</small> | <u></u> <small>Months</small> | <u></u> <small>Days</small> |
| Sex <u>Female</u>                                        | Color or Race <u>Black</u>                                | Birth-place <u>Md</u>                 |                                    |                               |                             |
| Occupation <u>Housework</u>                              | Where Residing if not at place of death                   |                                       |                                    |                               |                             |
| Married, <del>Single</del> or <del>Widowed</del>         | Name of <del>Wife</del> or Husband <u>Charles Steward</u> |                                       |                                    |                               |                             |
| Father's Name <u>Don't know</u>                          | Father's Birthplace                                       |                                       |                                    |                               |                             |
| Mother's Maiden Name <u>Matilda Gale</u>                 | Mother's Birthplace <u>Md</u>                             |                                       |                                    |                               |                             |
| Name of person giving information <u>Charles Steward</u> | How related to deceased <u>Husband</u>                    |                                       |                                    |                               |                             |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                                           |
|---------------------------------------------------------------------------------|-------------------------------------------|
| Primary <u>Mitral insufficiency</u>                                             | How long <u>14 yrs</u>                    |
| Immediate <u>Syncope</u>                                                        | How long <u>Immediate</u>                 |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>[Signature]</u> |
|                                                                                 | Address <u>Salisbury, Md</u>              |
| Accident or Suicide? <u>No</u>                                                  |                                           |



Name  
in  
Full

Lida M. Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                                                        |                                                  |                                           |  |                                            |  |
|----------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|--|--------------------------------------------|--|
| Died at <i>Salisbury</i> <small>Town</small>                                           |                                                  | <i>Wicomico</i> <small>County</small>     |  | MARYLAND                                   |  |
| Date of death <i>1904</i> <small>Month</small> <i>Mch</i> <small>Day</small> <i>22</i> |                                                  | <i>26</i> <small>Years</small> <i>Age</i> |  | <i>3</i> <small>Months</small> <i>Days</i> |  |
| Sex <i>Female</i>                                                                      | Color or Race <i>White</i>                       | Birth-place <i>Easton Md.</i>             |  |                                            |  |
| Occupation <i>Housewife</i>                                                            |                                                  | Where Residing if not at place of death   |  |                                            |  |
| Married, <del>Single</del> or <del>Widowed</del> <i>Married</i>                        | Name of Wife or Husband <i>Bertam H. Stewart</i> |                                           |  |                                            |  |
| Father's Name <i>James A. Love</i>                                                     | Father's Birthplace <i>Talbot Co. Md.</i>        |                                           |  |                                            |  |
| Mother's Maiden Name <i>Rhoda Willis</i>                                               | Mother's Birthplace <i>Caroline Co. Md.</i>      |                                           |  |                                            |  |
| Name of person giving In formation <i>Bertram H. Stewart</i>                           |                                                  | How related to deceased <i>Husband</i>    |  |                                            |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |                                                |
|----------------------------------------------------------------------|------------------------------------------------|
| Primary <i>Incomplete Abortion</i>                                   | How long <i>137</i> <i>24 hours</i>            |
| Immediate <i>Shock failure</i>                                       | How long <i>few minutes</i>                    |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>F. M. Munro M.D.</i> |
|                                                                      | Address <i>Salisbury Md.</i>                   |
| Accident or Suicide?                                                 |                                                |



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                      |                              |                         |                                         |       |          |      |
|------------------------------------------------------|------------------------------|-------------------------|-----------------------------------------|-------|----------|------|
| Died at <i>Nanticoke</i>                             |                              |                         | County <i>Worcester</i>                 |       | MARYLAND |      |
| Date of death <i>1906</i>                            | Month <i>3</i>               | Day <i>13</i>           | Age <i>17</i>                           | Years | Months   | Days |
| Sex <i>Female</i>                                    | Color or Race <i>Colored</i> |                         | Birthplace <i>Nanticoke</i>             |       |          |      |
| Occupation <i>Oysterman</i>                          |                              |                         | Where Residing if not at place of death |       |          |      |
| Married, Single or Widowed <i>Single</i>             |                              | Name of Wife or Husband |                                         |       |          |      |
| Father's Name <i>Gro. Wallace</i>                    |                              |                         | Father's Birthplace <i>Nanticoke</i>    |       |          |      |
| Mother's Maiden Name <i>Wesley A Wallace</i>         |                              |                         | Mother's Birthplace <i>Nanticoke</i>    |       |          |      |
| Name of person giving information <i>Gro Wallace</i> |                              |                         | How related to deceased <i>Father</i>   |       |          |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |            |                                             |
|----------------------------------------------------------------------|------------|---------------------------------------------|
| Primary <i>Heart Trouble</i>                                         | <b>179</b> | How long <i>3 days</i>                      |
| Immediate <i>Exhaustion</i>                                          |            | How long                                    |
| Are the name, age, sex, color, date and place correctly given above? |            | Signature of Physician <i>Dr. H. O. Day</i> |
|                                                                      |            | Address <i>Lidderville Md</i>               |
| Accident or Suicide?                                                 |            |                                             |

Returned & Returned

Name  
in  
Full

Anne Waters

W

## CERTIFICATE OF DEATH

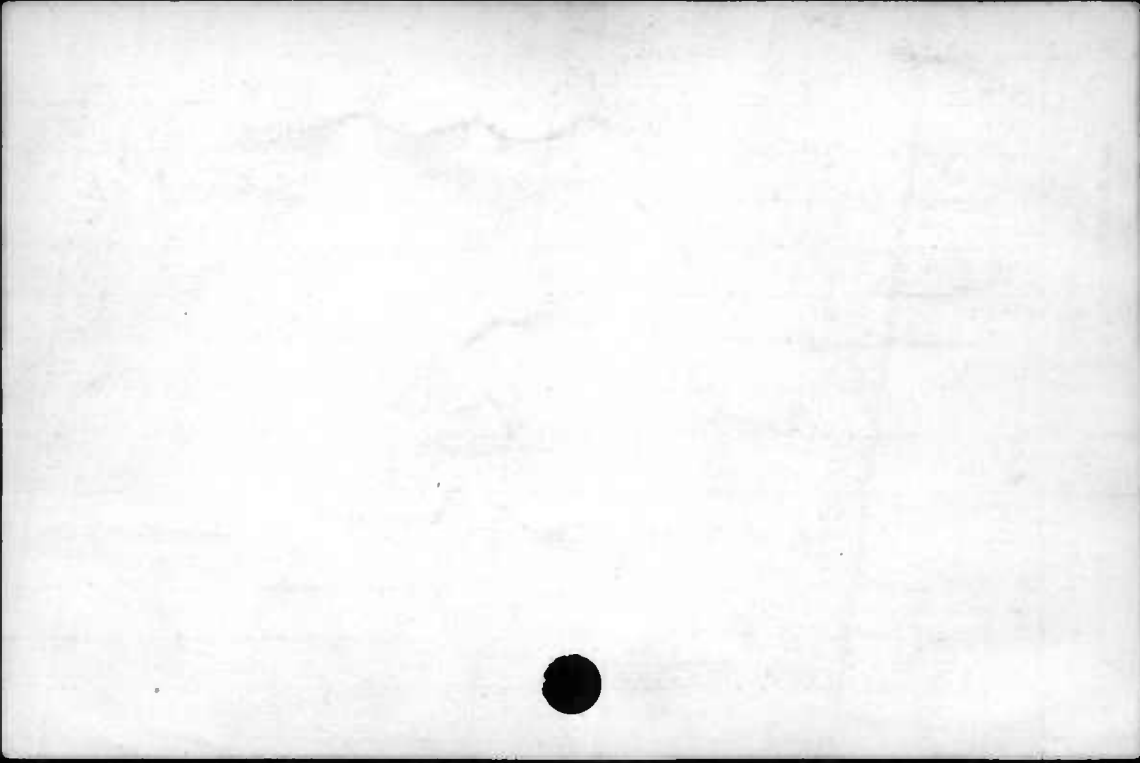
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                       |                              |                         |                                         |                 |                               |
|-------------------------------------------------------|------------------------------|-------------------------|-----------------------------------------|-----------------|-------------------------------|
| Died at <u>Wetumpka</u> Town                          |                              | <u>Wichman</u> County   |                                         | MARYLAND        |                               |
| Date of death                                         | <u>1906</u>                  | Month <u>3</u>          | Day <u>15</u>                           | Years <u>22</u> | Months <u>1</u> Days <u>1</u> |
| Sex <u>Female</u>                                     | Color or Race <u>colored</u> |                         | Birth-place <u>Wetumpka</u>             |                 |                               |
| Occupation                                            |                              |                         | Where Residing if not at place of death |                 |                               |
| Married, Single or <u>Widowed</u>                     |                              | Name of Wife or Husband |                                         |                 |                               |
| Father's Name <u>James Waters</u>                     |                              |                         | Father's Birthplace <u>Wichman</u>      |                 |                               |
| Mother's Maiden Name <u>Sarah Sanford</u>             |                              |                         | Mother's Birthplace <u>"</u>            |                 |                               |
| Name of person giving information <u>Elmer Wright</u> |                              |                         | How related to deceased <u>no</u>       |                 |                               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                    |                                         |                 |
|---------------------------------------------------------------------------------|--------------------|-----------------------------------------|-----------------|
| Primary                                                                         | <u>Consumption</u> | How long                                | <u>4 months</u> |
| Immediate                                                                       | <u>"</u>           | How long                                | <u>"</u>        |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> |                    | Signature of Physician <u>J. M. Oda</u> |                 |
|                                                                                 |                    | Address <u>Wetumpka</u>                 |                 |
| Accident or Suicide?                                                            |                    |                                         |                 |





Name  
in  
Full

Priscilla White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                       |                                                 |                                   |                             |                            |                         |
|-------------------------------------------------------|-------------------------------------------------|-----------------------------------|-----------------------------|----------------------------|-------------------------|
| Died at <i>Vandewater</i> <sup>Town</sup>             |                                                 | <i>Wicomico</i> <sup>County</sup> |                             | MARYLAND                   |                         |
| Date of death <i>1908</i>                             | <i>3</i> <sup>Month</sup>                       | <i>11</i> <sup>Day</sup>          | <i>79</i> <sup>Years</sup>  | <i>6</i> <sup>Months</sup> | <i></i> <sup>Days</sup> |
| Sex <i>Female</i>                                     | Color or Race <i>Colored</i>                    |                                   | Birth-place <i>Wicomico</i> |                            |                         |
| Occupation <i>Housewife</i>                           | Where Residing if not at place of death <i></i> |                                   |                             |                            |                         |
| Married, Single or Widowed <i>Single</i>              | Name of Wife or Husband <i>Sirpa White</i>      |                                   |                             |                            |                         |
| Father's Name <i>Handy Oakfield</i>                   | Father's Birthplace <i></i>                     |                                   |                             |                            |                         |
| Mother's Maiden Name <i>Mary</i>                      | Mother's Birthplace <i></i>                     |                                   |                             |                            |                         |
| Name of person giving information <i>Jessie White</i> | How related to deceased <i>Son</i>              |                                   |                             |                            |                         |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                                    |
|---------------------------------------------------------------------------------|------------------------------------|
| Primary <i>Old age</i> <i>(154)</i>                                             | How long <i></i>                   |
| Immediate <i></i>                                                               | How long <i></i>                   |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Odey</i> |
|                                                                                 | Address <i></i>                    |
| Accident or Suicide? <i></i>                                                    |                                    |

